

RECEIVED  
CENTRAL FAX CENTER

MAY 08 2006



**North America  
Intellectual Property corporation**

P.O. BOX 506, Merrifield, VA 22116, U.S.A.

Voice Mail: 302-729-1562 FAX:806-498-6673 e-mail:winstonhsu@naipo.com

**FAX TO : DANG, HUNG Q**

**ART UNIT: 2635**

**TEL : (571) 272-3069**

**FAX: (571) 273-8300**

**FROM : Winston Hsu, PATENT AGENT, REG. NO. : 41,526**

**SERIAL NO. : 10/064,106**

**ATTORNEY DOCKET NO.: IACP0007USA**

**SUBJECT: Authorization to Act in a Representative Capacity Form**

**TOTAL PAGES : 2 PAGES (INCLUDING COVER PAGE)**

**Winston Hsu 05/08/2006**

**RECEIVED  
CENTRAL FAX CENTER**

MAY 08 2006

Sample Form (09-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

**In re Application of:**

Hal-Ming Zhang, Shih-Kuang Tsai, Dai-Shui Ho

**Application No.**

10/064,106

**Filed:**

06/12/2002

**Title:**

METHOD FOR ARRANGING MANDARIN PHONETIC SYMBOLS ON A KEYPAD

**Attorney Docket No.**  
IACP0007USA

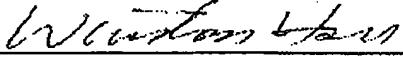
**Art Unit:**  
2635

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Scott Margo	56,277

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

**SIGNATURE of Practitioner of Record**

Signature		Date	05/08/2006
Name	Winston Hsu	Registration No., if applicable	41,526
Telephone	302-729-1562		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.